

PSYCHIATRIST CONSULTATION: SPRITE or CAP REFERRALS

NAME OF YOUTH	DOC NUMBER	DATE OF BIRTH (MM/DD/YY)
REFERRAL TO: <input type="checkbox"/> SPRITE or <input type="checkbox"/> CADET ACHIEVEMENT PROGRAM	<input type="checkbox"/> COUNTY REFERRAL	<input type="checkbox"/> DJC REFERRAL

INSTRUCTIONS TO PSYCHIATRIST COMPLETING FORM:

The above-named youth has been referred to the Support, Perseverance, Respect, Initiative, Teamwork and Education Program (SPRITE) operated by the Division of Juvenile Corrections (DJC) or the Cadet Achievement Program (CAP), a quasi-military type program for boys on the grounds of Lincoln Hills School. SPRITE is a 26-day experiential program that requires participants to engage in physically strenuous activities as described below. SPRITE staff does not include physicians, nurses, psychologists or psychiatrists. Staff members are certified in first aid. CAP is a 90-day voluntary program that includes fitness training requiring participation in several of the physically strenuous activities listed below. Youth in CAP have access to on-call nursing staff 24 hours per day, and to Health Services Unit staff 16 hours each weekday and 10 hours each day on a weekend or holiday.

Youth who are taking any of the following psychotropic medications *may* be eligible for SPRITE or CAP, depending on psychiatrist's recommendation:

Amoxetine	Escitalopram	SSRI's		Stimulants
Bupropion	Gabapentine	Citalopram	Paroxetine	Adderal
Buspiron	Mirtazapine	Fluoxetine	Sertraline	Dextroamphetamine
Diphenhydramine	Oxcarbazepine	Fluvoxamine		Methylphenidate
Duloxetine	Venlafaxine			Pemoline

YOUTH TAKING ANY OTHER PSYCHOTROPIC MEDICATIONS ARE NOT ELIGIBLE FOR SPRITE or CAP

Please answer the questions below regarding the youth, named above, for whom you have prescribed one of the eligible psychotropic medications:

CAN THE YOUTH SAFELY PERFORM THE FOLLOWING PHYSICAL ACTIVITIES WHILE TAKING THE PRESCRIBED PSYCHOTROPIC MEDICATION(S)?

Mile runs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jumping jacks, push ups and pull ups, plus additional calisthenics in CAP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low & high ropes courses activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rock climbing (SPRITE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 days of wilderness camping/backpacking w/ packs weighing up to 50 lbs. (SPRITE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extended exposure to weather which on occasion, may be extreme (SPRITE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activities in remote areas as many as 8 hours away from professional medical care (SPRITE)	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Is the youth stable when taking his/her prescribed medication?

Yes No

2. Would the psychotropic medication(s) prescribed for the youth interfere with his/her ability to participate in SPRITE or CAP?

Yes No

3. Would the youth's psychiatric condition interfere with his/her ability to participate in SPRITE or CAP?

Yes No

4. The above named youth is a candidate to participate in SPRITE or CAP. Are there any clinical/psychiatric issues that would prevent this youth from participating? If yes, explain bellow.

Yes No

PRINTED/TYPED NAME OF PSYCHIATRIST	TELEPHONE NUMBER	FAX NUMBER
SIGNATURE OF PSYCHIATRIST	DATE SIGNED	INSTITUTION NAME IF DJC YOUTH

DISTRIBUTION: Original - SPRITE or CAP; (DJC Referral) Copy – Youth's Health Care Record Psychiatric Section